



Richard J Berry, Mayor

City of Albuquerque
Environmental Health Department
Air Quality Division
Asbestos Renovation\Demolition Notification Form



Mary Lou Leonard, Acting Director

Operator Project #: Postmark: Date Received: Received By: Notification #:

I. Type Of Notification: Revision No.: Reason(s) for Revision: Additional Reason(s):

Comments:

II. Facility Information (Identify owner, removal contractor, and other operator):

Owner Name: Address: City: State: Zip Code:

Owner Contact: Telephone: Cell Phone: E-mail Address:

Removal Contractor: Telephone: Cell Phone: Address: City: State:

Zip Code: E-mail Address: Removal Contact: Cell Phone:

Other Operator: Address: City: State: Zip Code:

Operator Contact: Telephone: Cell Phone: E-mail Address:

III. Type Of Operation:

IV. Facility Description (Include building name, number and floor or room number):

Bldg. Name: Address: City: Albuquerque State: New Mexico Zip Code: County: Bernalillo

Location of Removal (i.e. Classroom 203, Boiler Room): Building Size: # of Floors:

Age in Years: Future Use: Present Use: Prior Use:

V. Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence Of Asbestos Material:

VI. Is Asbestos Present? :

a.) To Calculate the RACM Asbestos Fee:

For RACM less than 260 linear feet, or 160 square feet, or 35 cubic feet, no fees are required.
 In addition, no fee is required for any amount of ACM.

Total RACM Asbestos Fee = \$0.00

RACM to be Removed							Asbestos
	Ln. Ft.	Message	Sq. Ft.	Message	Cu. Ft.	Message	Fee
Pipes	0	No Fee Req'd	0	No Fee Req'd	0	No Fee Req'd	\$0.00
Surface Area	0	No Fee Req'd	0	No Fee Req'd	0	No Fee Req'd	\$0.00
Vol RACM							
Off Facility Component	0	No Fee Req'd	0	No Fee Req'd	0	No Fee Req'd	\$0.00

ACM to be Removed			
Ln. Ft.	Sq. Ft.	Cu. Ft.	
Pipes	0	0	0
Surface Area	0	0	0
Vol RACM			
Off Facility Component	0	0	0

Non Friable Asbestos Material to be Removed

Cat I to be Removed			
Ln. Ft.	Sq. Ft.	Cu. Ft.	
Pipes	0	0	0
Surface Area	0	0	0
Vol RACM			
Off Facility Component	0	0	0

Cat II to be Removed			
Ln. Ft.	Sq. Ft.	Cu. Ft.	
Pipes	0	0	0
Surface Area	0	0	0
Vol RACM			
Off Facility Component	0	0	0

VII. Scheduled Dates Asbestos Removal (MM/DD/YY): Start: Complete:

VIII. Scheduled Dates Demo/Renovation (MM/DD/YY): Start: Complete:



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IX. Description Of Planned Work And Methods To Be Used And Description Of Affected Facility Components (I.E. Acoustical Ceiling Scrape, Whole Pipe Removal, TSI Removal, Roofing Removal, Etc.):

X. Description Of Work Practices And Engineering Controls To Be Used To Prevent Emissions Of Asbestos At The Work Site (I.E. Containment, Glove Bagging, Wetting, Filtration Devices, Etc.):

XI. If The Facility Is Being Demolished Under An Order Of A State Or Local Government Agency Issued Because The Facility Is Structurally Unsound And In Danger Of Imminent Collapse, Please Identify The Agency Below:

Name: Authority: Date of Order (MM/DD/YY):

Provide supporting documents, from the agency, at the time the NESHAP notification is submitted.

XII. For Emergency Renovations:

Date (HH:MM pm or am) and Hour of Emergency (MM/DD/YY):

Description of the Sudden and/or Unexpected Event:

Explanation How The Sudden, Unexpected Event, If Not Immediately Attended To, Presents A Safety Or Public Health Hazard, Is Necessary To Protect Equipment From Damage, Or Is Necessary To Avoid Imposing An Unreasonable Financial Burden:

Provide supporting documents at the time the NESHAP notification is submitted.

XIII. Description Of Procedures To Be Followed In The Event That Unexpected Asbestos Is Found Or Previously Non Friable Asbestos Material Becomes Crumbled, Pulverized, Or Reduced To Powder:

XIV. Waste Transporter #1:

Contractor: Address: City: State: Zip Code:

Contact: Telephone: Cell Phone E-mail Address:

Waste Transporter #2:

Contractor: Address: City: State: Zip Code:

Contact: Telephone: Cell Phone E-mail Address:

XV. Waste Disposal Site:

Name: Contact: Location/ Address: City: State: Zip Code:

Telephone: Cell Phone E-mail Address:

XVI. Certifications:

I Certify That An Individual Trained In The Provisions Of This Regulation (40 CFR Part 61, Subpart M) Will Be On-Site During The Demolition Or Renovation And Evidence That The Required Training Has Been Accomplished By This Person Will Be Available For Inspection During Normal Business Hours.

Print Name: Signature of Owner/Operator: _____ Date:

I Certify That The Information Contained In This Notification Is Correct.

Print Name: Signature of Owner/Operator: _____ Date: